BAKER BOTTS LER

FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

(\$) 620

Complete if Known				
Application Number	09/244,792			
Filing Date		02/05/99		
First Named Inventor	lacono			
Examiner Name		Travers		
Group Art Unit		1614		
Attorney Docket No.		A32130		

METHOD OF PAYMENT FEE CALCULATION (continued)				
1. The Commissioner is hereby authorized to charge indicated fees and credit any overgownents to	3. ADDITIO	NAL FE	ES	
indicated fees and credit any overpayments to:	Large	Sma		
Account 02-4377	Entity Fee	Enti Fee	•	Fan Bald
Number Deposit	(\$)	(\$)	Fee Description	Fee Paid
Account Name Baker Botts LLP	130	65	Surcharge - late filing fee or oath	
Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17	50	25	Surcharge - late provisional filing fee or cover sheet	
Applicant claims small entity status.	130	130	Non-English specification	
See 37 CFR 1.27	2,520	2,520	For filing a request for ex parte reexamination	ļ
2. Payment Enclosed:	920*	920*	Requesting publication of SIR prior to	
Check Credit card Money Other	4.040	4.040	Examiner action	
FEE CALCULATION	1,840*	1,840	* Requesting publication of SIR after Examiner action	
1. BASIC FILING FEE	110	55	Extension for reply within first month	
Large Entity Small Entity	400	200	Extension for reply within second month	460
Fee Fee Fee Description (\$) (\$) Fee Paid	920	460	Extension for reply within third month	460
740 370 Utility filing fee	1,440	720	Extension for reply within fourth month	
330 165 Design filing fee	1,960	980	Extension for reply within fifth month	
510 255 Plant filing fee	320	160	Notice of Appeal	
740 370 Reissue filing fee	320	160	Filing a brief in support of an appeal	
160 80 Provisional filing fee	280	140	Request for oral hearing	
	1,510	1,510	Petition to institute a public use proceeding	
SUBTOTAL (1) (\$) 0	110	55	Petition to revive - unavoidable	=
2. EXTRA CLAIM FEES	1,280	640	Petition to revive - unintentional	귱
Fee from Extra Claims <u>below</u> Fee Paid	1,280	640	Utility issue fee (or reissue)	工。
Total Claims 20 •• = 0 x = 0	460	230	Design issue fee	SHE
Independent - 3 ** = 0 x = 0	620	310	Plant issue fee	CEN
Multiple Dependent =	130	130	Petitions to the Commissioner	罗
	50	50	Processing fee under 37 CFR 1.17(q)	. حــا
Large Entity Small Entity	180	180	Submission of Information Disclosure Stmt	න
Fee Fee Fee Description (\$) (\$)	40	40	Recording each patent assignment per	응
18 9 Claims in excess of 20			property (times number of properties)	12900
84 42 Independent claims in excess of 3	740	370	Filing a submission after final rejection (37 CFR § 1.129(a))	0
280 140 Multiple dependent claim, if not paid	740	370	For each additional invention to be	-
84 42 ** Reissue independent claims over original patent	,		examined (37 CFR § 1.129(b))	
18 9 ** Reissue claims in excess of 20	740	370	Request for Continued Examination (RCE)	_
and over original patent	900	900	Request for expedited examination of a design application	
SUBTOTAL (2) (\$) 0	Other fee (speci	fy) <u>N</u> C	otice of Appeal	160
.,	*Dadward bir Da	ala Eilice	Fee Paid SUBTOTAL (3) (\$) 62	0
**or number previously paid, if greater; For Reissues, see above	*Reduced by Ba	sic riling	Fee Paid SUBTOTAL (3) (\$\\ \begin{array}{c} (\\$) \\ \begin{array}{c} \	

SUBMITTED BY				Complete (if applicable)	
Name (Print/Type)	Carmella L. Stephens	· Registration No. (Attorney/Agent)	41,328	Telephone	
Signature	Carmesea L. Stepher	10		Date	

WARNING: Inf rmati n n this form may bec me public. Cr dit card inf rmati n sh uld not be included n this f rm. Pr vide credit card informati n and auth rizati n n PTO-2038.



JR 1614

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MAIO			Application Number	09/244,792
TRANSMITTAL FORM		Filing Date	02/05/99	
		First Named Inventor	lacono	
ADEMARK OF be used t	or all correspondence aft	er initial filing)	Group Art Unit	1614
			Examiner Name	Travers
Total Numb	er of Pages in This Subn	nission	Attorney Docket Number	er A32130
		ENCL	OSURES (check	k all that apply)
Express Abando Information Disc Certified Copy o Document(s) Response to Mincomplete Appl	ched eply al s/declaration(s) ne Request conment Request closure Statement of Priority essing Parts/	Drawing Licensin Petition Petition Provisio Change Address Termina Reques	ng-related Papers to Convert to a inal Application of Attorney, Revocation of Correspondence	After Allowance Communication to Group Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please identify below):
under 37	CFR 1.52 or 1.53			
Firm	SIGNATU Baker Botts LLP	JRE OF APPLI	CANT, ATTORNEY, OR	AGENT
Firm or Individual name	30 Rockefeller Plaza			
Signature	Curmella &	1. Stephen	Att Name: PTO Reg:	Carmella L. Stephens 41,328
Date	December 28, 20	•		
		CERTIFICA	ATE OF MAILING	
I hereby certify that this mail in an envelope add	correspondence is being ressed to: Commissioner	deposited with th for Patents, Was	e United States Postal Servington, DC 20231 on this	vice with sufficient postage as first class date: December 28, 2001
Typed or printed na	me Carmall	a L. Ste	Ohenc	

NOTICE OF FEE DUE

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DATE:	01/09/02 Group	- FOR THE CO
TO:	Group	on TOTAL THE TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL THE T
FROM:	Office of Initial Patent Examination	on O
SUBJECT	: Fee Due	9
APPLICA'	TION NUMBER: <u>09/244</u>	792
Office for authorization	the following reason. Please check to the charge a deposit account. If an appropriate fee. If an authorization	
□ Insuffic	cient fee by check	
🕱 Insuffic	cient funds in deposit account	
□ Decline	ed credit card	
□ Non au	thorization for charge to deposit acc	count
□ No fee	submitted per requirement *	
	•	×,
The correc	t fee code: 2/7	amount \$ \(\frac{460}{160} \) amount -\$ \(=\frac{620}{160} \)
The susper	nded fee code: 197	amount - \$
Fee Due		amount =\$ 620
	any questions, please contact Cynthrtz at 703-308-3642.	hia Streater at 703-306-5430 or

Terminal Operator Meazar W